

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration

Quality Improvement Committee Meeting
May 17, 2007

Attendees:

Nancy M. Crosby	DMH - UCSP
Tracy Phal	Verdugo MHC
Emma Caparros	DMH – SFMHC
Leslie Dimascio	SFV, Inc.
Denise Greenspan	Hillview MHC
Kimber Salvaggio	DMH – SA II
Dominique Eugene	PACS
Susan Marckx	Topanga West
Irina Ovakimian	DMH – SFMHC
Luann Rollens	ECDA
Gail Herrick	DMH – UCSP
Larry Schallert	Child & Family Center
Ginger Fong	DMH – SAIH Housing Specialist
Ken Bachrach	Tarzana Tx Ctr

Meeting called to order by Kimber Salvaggio.

Welcome and Introduction

Review and approval of minutes: March 15, 2007

Review of Handouts

PRESENTATION/BEST PRACTICES

Norma Fritschie –District Chief

Discussion of Organization Manual (213) 738 – 2289

At least one person in each agency should be responsible for knowing manual.

Chapter 1 – page 2

- Notes & DSL must be submitted at the same time.
- For every note, a claim & vice versa.
- Must be approp. Provider w/in scope of practice and job description
- Time of travel & documentation must be part of note – day of services is note is date of service linked.
- Match time cards w/services
- For deceased – bill to CGF – Collateral too
- If you provide to collateral – must open episode – should refer out
- Travel time is reimbursable – must justify
- Can't claim missed appts. – but can do collateral
- No services in jail setting are billable to Medi-Cal
- Residents of IMDs – 16 beds or less – no claim-more than 51% have psychiatric Dx – cannot claim to Medi-Cal – separate IMDs for free standing Psych. Hosp.

- Gen. Hosp – psych. Ward - no claim – TCM ok – not therapy. Medical part – can do.
- Juvenile Hall – M/C reinstated – can bill – prior to suitable placement, but placement must be in record
- Supervision not reimbursable
- Personal care – help clean house, etc. – not billable
- Recovery skills – reimbursable
- Impairments – need to be identified in assessment & there must be an objective

Chapter 2 page 14

- TCM – larger than discharge planning – to bill – must be w/in confines of proper dates – no MHS while transferring out
- Discharge planning – can take 1-3 mos.
- Psych. testing referral – during assessment – can they still bill? Do assess – justify need for psych. testing – must demonstrate med. Necessity, don't see client for two months' period then no med. nec.
- After 2 visits must report something to indicate probable need of med. nec. – justify impairment riskier to prolong –
- Client has the right to “second opinion” – same issues –
- Discharge summaries – they are not disallowing –
- V codes –not billable – can use them, as long as there is another Dx.
- NOS are acceptable
- DSM IV will be transferred to ICD 9 Code
- If you ever enter an invalid ICD9 Code – will be kicked back.
- Can't bill Medi-Cal for Adjustment Disorder
- Codes are not associated w/payer source
- During assessments – can't claim other services – such as meds – justify ref'l to meds- & continue assess –
- COS vx MA Billing – some overlap – need to get clarification
- Need co-signatures: - students – people who have less than 2 years experience – people who have a bachelor only.
- Report writing must benefit clt. Agency must use it's own discretion –
- Add time to other time – then write note, only note.

ANNOUNCEMENTS

- Continue to check the MHSA website for resources and informational updates
- SFVCMHC announced that Erickson Center will be closing as of 7/15/07

Next Meeting: July 19, 2007

Submitted by: Kimber Salvaggio